Depression is an illness that affects people of all ages, including children and teenagers. It can stop a child or teenager from getting the most out of life. But there are treatments that can help young people get better.

This information is about what treatments work for children and teenagers ages 6 to 18. You can use our information to talk with your doctor and decide which treatments are best for your child.

To learn more about the signs and symptoms of depression in young people, see the leaflet Depression in children and teenagers: what is it?

Treatments

Most depressed young people can be helped with treatment. This could be with “talking treatments” (psychotherapies), or with medications, or with a combination of these.

But it might be that neither of these treatments is necessary. Your doctor might recommend starting with a few weeks of monitoring, as well as supportive care and education for both the child and parents.

The child's school counseling services might also be involved. For many children this is all the treatment they need to get better.

Talking treatments

If your child is very depressed, or if he or she doesn't get better after a period of monitoring and supportive care, the two main talking treatments used are interpersonal therapy and cognitive behavior therapy (CBT).

It's not clear if either works better than the other. Unfortunately it can be hard to get either treatment in some areas.

Other types of therapy are sometimes tried, but there's not enough research to show if they work.
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There is good evidence that **interpersonal therapy** can help teenagers feel less depressed, more sociable, and better able to get on with friends. Interpersonal therapy is also used in younger children, but it's not clear how well it works in children younger than 12 years.

In interpersonal therapy, children and teenagers work with a therapist to learn new and better ways of getting along with other people. It's based on the idea that depression is often linked to relationship problems, like fights with parents or having trouble making friends.

Most people who have this treatment meet their therapist once a week for three or four months.

There’s good evidence that **cognitive behavior therapy (CBT)** can help relieve the symptoms of depression.

Some children and teenagers have this therapy one-to-one with a therapist while others have therapy with a group of others. Both methods seem to work well.

CBT aims to help people make positive changes to the way they think and behave. The young person works with a therapist to try to change unhelpful ways of thinking about themselves and the world.

These negative ways of thinking might be making the young person depressed: for example, if someone thinks they are no good at anything. Through CBT they try to learn to think and behave in a more positive way.

Most people who have CBT meet their therapist for about 20 sessions over about 12 weeks. But some younger people need treatment for longer. Longer courses seem to be more helpful.

For many young people, one course of therapy is enough. But depression can come back in some people a while after they stop having treatment. So your child might need to have more treatment.

**Medications**

Doctors don't usually give antidepressants to people under 18, and especially not to children under 12. But they might recommend them if your child's depression is very bad or if talking treatments alone haven't worked.

Some antidepressants of a type called selective serotonin reuptake inhibitors (SSRIs) can help some young people with severe depression. But they can have side effects.

Children and young people are usually only given SSRIs if they are also having a talking treatment. Research has found that SSRIs combined with cognitive behavior therapy (CBT) works well for teenagers with moderate or severe depression.

Some young people take these medications only until they feel better. But others find they need to keep taking it to stop their depression coming back.

SSRIs can have side effects, including:

- loss of appetite. This can cause weight loss
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• headaches
• sleep problems
• shakiness
• vomiting, and
• rash.

These side effects are usually mild and don't last long. But a small number of children find the side effects are so bad that they need to stop taking these medications - for example, some children get a bad rash.

There is a small chance that children taking SSRIs might hurt themselves or think about suicide. If your child is given medication for depression your doctor should check regularly to make sure the depression isn't getting worse. This is less likely to happen if they are also having a talking treatment at the same time.

Children or teenagers taking SSRIs shouldn't stop or reduce their dose suddenly, as this can cause withdrawal symptoms. These are less likely to happen if their doctor lowers the dose gradually.

Withdrawal symptoms from SSRIs include:

• feeling dizzy or light headed
• feeling tired or drowsy, and
• headaches.

It's very unusual for children to be treated with antidepressants other than SSRIs. If your doctor prescribes another medication, ask him or her to explain why.

Things you can do to help your child

If you think your child may be depressed you should talk with your child's doctor. Here are some other things you can do if you think your child is at risk of depression.

• Problems at school can trigger depression in young people. For example, they may be being bullied or having a hard time with school work. You can talk to teachers, school counselors, or school psychologists to find out more. Also, consider whether problems at home might have played a part.
• Encourage your child to keep fit and healthy. Regular exercise can help reduce symptoms of depression in children. Eating a varied, healthy diet, including plenty of fruits and vegetables, can also help.

Some people take a herbal treatment called St. John's wort for depression. Although there's some evidence that it might work for adults, it's not clear whether it is safe or helpful for children with depression. You shouldn't give St. John's wort to a child without talking to your doctor first.

St. John's wort can also interfere with the way some other medications work. It should not be taken with migraine medications called triptans or with antidepressants.